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PTO/SB/01 (12-97)

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## **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION** (37 CFR 1.63)

☐ Declaration Submitted with Initial Filing

OR

Declaration
Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		1/1402				
First Named Inventor		Klaus RUDOLF				
COMPLI	ETE II	F KNOWN				
Application Number		10 / 687,262				
Filing Date	Octo	ber 16, 2003				
Group Art Unit	To be assigned					
Examiner Name	To b	e assigned				

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Selected CGRP antagonists, processes for preparing them and their use as pharmaceutical compositions									
the specification of which (Title of the Invention)  is attached hereto									
OR  was filed on (MM/DD/YYYY) October 16, 2003 as United States Application Number or PCT International									
Application Number 10/6	87,262	and wa	as amended on (MM/DD	YYYY)		(if applicable).			
I hereby state that I have re amended by any amendme	eviewed and ent specificall	understand the o	contents of the above ide	entified specification	n, including the cla	aims, as			
I acknowledge the duty to d	disclose infor	mation which is i	material to patentability a	is defined in 37 CF	FR 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Number(s)	Co	ountry	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	oy Attached?			
DE 102 50 080.0	German	у	10/25/2002	0000	0000				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit	under 35 U.S	S.C. 119(e) of an	y United States provision	nal application(s) li	sted below.				
Application Number(s) Filing Date (MM/DD/YYYY) 60/426,168 11/14/2002				Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
1									

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION

I haraby claim the be		- Othicy	<u> </u>	<u> </u>						
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filling date of this application.										
U.S. Parent Application or PCT Parent Number			F	Parent Filing Date			Parent Patent Number (if applicable)			
	Humber			(MM/DD/YYYY)			("	аррпсав	16)	
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As a named inventor, and Trademark Office	I hereby appoint the follow connected therewith:	ing registered pract	titioner(s) to	o prosecute t	his application	and to tr		Il business i Place Custo		
and mademan embe		OR				_		lumber Bar	Code	
	<u> </u>	Registered practiti		me/registration	n number list	ed below		Label here		
Na	me	Registrat Numbe			Name				tration mber	
Robert P. Raymo		25,089 34,513			y P. Bottin			41,629		
Michael P. Morris Mary-Ellen M. De		27,928			K. Pocchia . Datlow	iri		45,016 41,482		
Alan R. Stempel		28,991		David /				46,124		
Timothy X. Witko		140,232						<u></u>		
	red practitioner(s) named o		egistered Pr	ractitioner Int	ormation she	et PTO/SE	3/02C att	tached here	to.	
Direct all correspor	dence to: Custon		28	501	OR I	Corr	espond	ence addi	ess below	
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Name										
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Under the Penerusak Peduation Act of 1005, as assessed as	inad to an		nt and Trademark Off	ice; U.S.	ugh 07/31/2( DEPARTME		2 E
DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of -3					
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)	Family Name or Surname						
Stephan Georg	MUELLER						
Inventor's Septem Jeong talk	)				Date 01/	08/2004	
Residence: City Warthausen	State		<sub>Country</sub> Germany		Citizenship DE		
Mailing Address Maelzerstrasse 13							
Mailing Address							
Warthausen City	State	Zip 88447			Country Germany		
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname					
Dirk		STENKAMF	•				_
Inventor's Del Stychamp		Date 01/08/2004					
Residence: City Biberach	State		Country Gern	nany		Citizenship <sup>384</sup>	od
Mailing Address Talfeldstrasse 42							
Mailing Address							
City Biberach	State	, Z <sub>ip</sub> 88400			Country Biberach		
Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)		Family Name or Surname					
Philipp	LUSTENBERGER						
Inventor's Philip (1884 her		Date 01	108/26	904			
Residence: City Warthausen	State		Country Germ	nany		Citizenship Cl	1
Mailing Address Maelzerstrasse 8							
Mailing Address							
<sub>City</sub> Warthausen	e Zip 88447		Country Germany				

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	Family Name or Surname					
Alexander		DREYER				
Inventor's Alexander Day	Date 01/08. [2					
Residence: City Ochsenhausen	State	Co	<sub>ountry</sub> Germany	Citizenship	DE	
Mailing Address Abteistrasse 24	<del></del>					
Mailing Address					+	
Ochsenhausen City	State		Zip 88416	88416 Country Gerr		
Name of Additional Joint Inventor, if any:		A petition	n has been filed for this	unsigned inv	entor	
Given Name (first and middle (if any)	Family Name or Surname					
Eckhart	BAUER					
Inventor's Sthat Banan		Date	O 1	12/	2004	
Residence: City Biberach	State		Country Germany	<u>'</u>	Citizenship DE	
Mailing Address Nickeleshalde 11	.,,		•			
Mailing Address			-			
City Biberach	State		Zip 88400	Country	Germany	
Name of Additional Joint Inventor, if any:	<b>.</b>	☐ A petition	n has been filed for this	unsigned inv	ventor	
Given Name (first and middle (if any)	Family Name or Surname					
Marcus	SCHINDLER					
Inventor's Janus J	Date	01/08/2004				
Residence: City Biberach	ate Country Germany Citizenship					
Mailing Address Kapellenweg 3						
Mailing Address						
City Biberach	State		Zip 88400	Country	Germany	

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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page of				
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Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor						
Given Name (first and middle (if any)	Family Nan	ne or	Surname				
Kirsten							
Inventor's Signature Winter Arua	c/		,		Date 01	108/20	204
Residence: City Biberach	State		Cou	<sub>ıntry</sub> Germany	Citizenship	DE	
Mailing Address Ropachweg 22							
Mailing Address							
Biberach	State			<sub>Zip</sub> 88400	Country	Germany	
Name of Additional Joint Inventor, if any:		☐ A pet	tition	has been filed for this	unsigned inv	entor	
Given Name (first and middle (if any)				Family Name or	Surname		
Henri		DOODS					
Inventor's Signature Por		Date		<b>C</b>	>1 09	5004	
Residence: City Warthausen	State	Country Germany Citizer			Citizenship	NL	
Mailing Address Freiherr-von-Koenig-Strasse 6							
Mailing Address	_						
City Warthausen	State			<sub>Zip</sub> 88447	Country	Germany	
Name of Additional Joint Inventor, if any:		☐ A pet	ition I	has been filed for this	unsigned inv	entor	
Given Name (first and middle (if any)		Family Name or Surname					
Inventor's Signature		Date					
Residence: City State		e Country Citizenship					
Mailing Address							
Mailing Address	_			•			
City	State			Zip	Country		

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